As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

		Attorney Docket Nu	ımber	S0002-US02		
DECLARATION FOR UTILITY OR			First Named Inventor		LUEHMANN, et al.	
DESIGN PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN				
		Application Number		/ To be assigned		
_ `			Filing Date	Here	with	
Declaration Submitted	OR	➤ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e))	Group Art Unit	To be	e assigned	
with Initial Filing			Examiner Name	To be	e assigned	

I believe I am the onginal, first and s names are listed below) of the subje	sole inventor (if only ect matter which is o	one name is listed belo	w) or an original, fire	st and joint inventor (if plural		
Purified Water Supply System				and invention online		
the specification of which  is attached hereto OR was filed on (MM/DD/YYYY)  Application Number To be as I hereby state that I have reviewed a amended by any amendment specific	01/07/ ssigned and v	vas amended on (MM/D	D/YYYY)	ation Number or PCT International (if applicable). , including the claims, as		
I acknowledge the duty to disclo- continuation-in-part applications, ma national or PCT international filing de	se information whi	ch is material to pate	entability as define between the filing d	d in 37 CFR 1.56, including for late of the prior application and the		
I hereby claim foreign priority bene certificate, or 365(a) of any PCT inter listed below and have also identified international application having a filing	national application below, by checking	which designated at lea the box, any foreign ac	st one country other	than the United States of America, or inventor's certificate, or any PCT		
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached? YES NO		
Additional foreign application num	nbers are listed on a	supplemental priority d	ata sheet PTO/SB/0	2B attached hereto		
I hereby claim the benefit under 35 L			al application(s) liste	ed below.		
Application Number(s) 60/260,036		(MM/DD/YYYY) /05/2001	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
	<u> </u>	IPage 1 of 21	<u> </u>			

[Page 1 of 2]

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box 

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

## **DECLARATION** — Utility or Design Patent Application

	Direct all co		Customer Nu or Bar Code L				OR 0	Correspondence address below		
	Name	ne Gambro, Inc.  24994  PATENT_TRADEMARK OFFICE								
	Address	ss 10810 W. Collins Ave.								
	Address	Address								
	City	Lakewood				State	СО	ZIP 80215-4439		
	Country	USA	Telephon	ne 303-205-2560			Fax 303-231-4198			
10.00 Ann.	belief are like so m	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
	NAME OF	SOLE OR FIRST INV	ENTOR:			☐ A petition has been filed for this unsigned invento				
	Given Name  (first and middle [if any]) Douglas A.					Family Name or Surname LUEHMANN				
Hann Stad	Inventor's Signature							Date		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Residence:	Residence: City Battle Lake					Country U.S.A.	Citizenship U.S.A.		
	Mailing Addr	Mailing Address Route 2, Box 324-L								
	Mailing Addr	Mailing Address								
	City Battle L	Battle Lake State				ZIP 56515		Country U.S.A.		
	NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned in the control of the cont							ed for this unsigned inventor		
	Given Name (first and middle [if any]) $^{\mathrm{Johnny}}$ W.					Family Name or Surname HANNAH				
	Inventor's Signature				•			Date		
	Residence: City Timberville				State VA Country U.S.A.		Country U.S.A.	Citizenship U.S.A.		
	Mailing Addr	Mailing Address Route 2, Box 148								
	Mailing Addr	Mailing Address								
	City Timber	Fimberville State Virginia			ZIP 22853			Country U.S.A.		
	Additional	Additional inventors are being named on1 _ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

Approved for use through 10/31/2002 OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Addition	nal Joint Inventor, if an	ıy:			A petition has	s been filed for	this unsigned inventor		
Given Name (first and middle [if any])					F	amily Name o	r Surname		
Stephen M			MULLINS				-		
Inventor's Signature							Date		
Residence. City	Lakewood	State	СО		Country U.S.	A.	Citizenship U.S.A.		
Mailing Address	730 S. Taft Street								
Mailing Address		<del></del>							
City	Lakewood	State	Color	ado	ZIP 80228	Cour	ntry U.S.A.		
Name of Addition	nal Joint Inventor, if an	у:			A petition has	been filed for	this unsigned inventor		
Given Na	ame (first and middle [if any	<u>'])</u>			Family Name or Surname				
John D.			BIELEFELD						
Inventor's Signature							Date		
Residence: City	Prairie Village	State	KS		Country U.S	.A.	Citizenship U.S.A.		
Mailing Address	4820 W. 75th Street								
Mailing Address		<del></del> -			T -21-				
City	Prairie Village	State	Kans	as	<b>ZIP</b> 662	08 <b>c</b> o	untry U.S.A.		
lame of Addition	al Joint Inventor, if an	y:			A petition has	been filed for	this unsigned inventor		
Given Na	me (first and middle [if any	])		Family Name or Surname					
Inventor's Signature				·			Date		
Residence: City		State	State		Country		Citizenship		
Mailing Address									
Mailing Address									
City	State			ZIP		Country			

Burden Hour Statement: This form is estimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.